06/25/0010 11:29

#226 P.006/009 PRINTED: 06/17/2010

		AND HUMAN SERVICES & MEDICAID SERVICES	45	A	7/24/10		APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIS	PLE CONSTR G 01 - N	LUCTION IAIN BUILDING 01	(X3) DATE SL COMPLE	JRVEY TED
		445392	B. WING _			06/07	7/2010
NAME OF PROVIDER OR SUPPLIER					SS, CITY, STATE, ZIP CODE		
ADAMSP	LACE, LLC				BORO, TN 37129		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EAC	ROVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHO REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system. The findings included:		K 062	The Plan of Correction is submitted as required under State and Federal Law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. K 062			
K 064 SS=E	During the facility to deficiencies were in Director of Mainter At 12:15 PM, observed and National Fire Protes 3.2.8 At 1:00 PM, observed alloons in NFPA 13, 5.5.5.3 At 1:15 PM, observed alloons in the 1st floor stairwing cabinet had 5 spart the requires 6. NFI NFPA 101 LIFE SA Portable fire exting health care occupations.	our on 6/7/10 the following noted and verified by the nance. rvation of the kitchen supply escutcheon plate was missing ction Association (NFPA). 13, vation of Resident room 2222 were blocking a sprinkler head.	K 064	Adams I applicate regulation the escuring the balloin Rm. added a the spring stairwell will do monitor	he policy and proceduce that it complies ble building and finns. Plant Operations utcheon plate in thoom. Plant Operation bons blocking the spring 2222. And Plant Operation extra spare sprinkle inkler cabinet on the l. Director of Plant (a QA weekly for 4 for compliance.	with the re safety s will add e kitchen s removed nkler head rations has er head in 1st floor Operations	6/9/10
ABORATOR	Y DIRECTOR'S OR PROV	DER REPRESENTATIVES SIG	NATURE		TITLE		(X6) DATE
	B.1-			Sol	ministrator	6/2	5/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		445392	B. WING	·	06/07/2010		
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 064 K 067 SS=D	Based on observation facility failed to main a coordance with a specifications. 19.5.2.2 Based on observation facility to deficiencies were not be deficiencies with a specification of the deficiency with the provisions of the deficiency with the provisions of the deficiency of the	s not met as evidenced by: on, it was determined the intain the fire extinguishers. ed: our on 6/7/10 the following oted and verified by the ance. vation of the corridor by room er room and the elevator vealed the fire extinguishers equipment. National Fire on (NFPA). 10, 1.6.3 FETY CODE STANDARD and air conditioning comply of section 9.2 and are installed the manufacturer's i.5.2.1, 9.2, NFPA 90A, on the met as evidenced by: on, it was determined the stain the HVAC system. id: our on 6/7/10 the following oted and verified by the	K 06	It is the policy and property AdamsPlace that it complies applicable building and regulations. Plant Operation the objects blocking extinguishers in the corrido 1127, the main boiler room elevator equipment room Operations will continue to fire extinguishers on a month ensure they are not blocked. Plant Operations will do a for 4 weeks to monitor for continue to fire 4 weeks to monitor for continue to fire they are not blocked.	s with the fire safety is removed the fire removed removed in the plant inspect all ally basis to Director of A weekly inpliance. cedure of s with the fire safety is added a mop room. will do a	6/9/10	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(2) MULTIPLE CONSTRUCTION . BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445392	B. WIN	iG	06/1		7/2010
NAME OF PROVIDER OR SUPPLIER ADAMSPLACE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1927 MEMORIAL BOULEVARD MURFREESBORO, TN 37129				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X9) COMPLETION DATE
	At 11:50 AM, obser room revealed the o closure. National Fi (NFPA). 101, 19.5.2	vation of the kitchen mop door did not have a door re Protection Association	К (К 1)67 47	K 147		
SS=E	This STANDARD is Based on observati facility failed to main The findings include During the facility to deficiencies were no Director of Maintena At 11:55 AM, observation of the electric circuit interrupters (protection Association At 12:05 PM, observation PM, observati	our on 6/7/10 the following oted and verified by the ance. vation of the kitchen revealed cal outlets were ground fault GFCI). National Fire on (NFPA). 70, 517-20 vation of the main electrical electrical panels were blocked PA 70, 110-26(a) vation of the main electrical pen space in an electrical 3-4 ation of the 2nd floor ealed a broken electrical			It is the policy and procedure of AdamsPlace that it complies with the applicable building and fire safety regulations. Plant Operations added ground fault circuit interrupter outlets to the kitchen and replaced the broken electrical outlet cover in the 2nd floor recreation room. Plant Operations also removed equipment which was blocking the electrical panel and filled the oper space inside of the electrical panel Director of Plant Operations will do a QA weekly for 4 weeks to monitor for compliance.		7/2/10
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